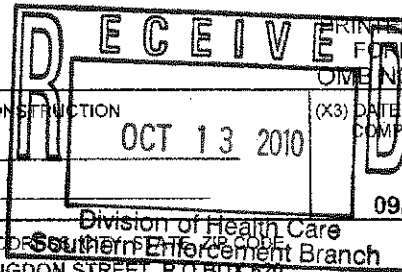


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED 10/11/2010
FORM APPROVED
OMB NO. 0938-0391
C
09/29/2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2010
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NAME OF PROVIDER OR SUPPLIER

LAKE CUMBERLAND REGIONAL HOSPITAL-SCU

STREET ADDRESS
305 LANGDON STREET, P O BOX 820
SOMERSET, KY 42502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or</p>	<p>I. Resident #1 was been discharged.</p> <p>II. No other residents were affected by the alleged deficient practice. All residents currently residing on the Special Care Unit (SCU) have been reviewed to ensure that discharge planning has been initiated and all residents have been given information regarding discharge rights.</p> <p>III. A notification of discharge form has been developed to be used by Social Services upon identification of need for a resident's transfer or discharge. The form includes notice of appeal rights. Social Service staff and licensed nurses have been inserviced, by the SCU Director, regarding the use of the discharge notification form.</p> <p>IV. The SCU Director, or Charge Nurse, will audit 100% of discharges for three months to ensure that all discharged residents received written notification and appeal rights. The outcome of this audit will be reported to the Quality Assurance Committee each month for three months for additional review and follow up as indicated.</p>	10/16/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dr. BON NATA SCU Director 10/13/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LAKE CUMBERLAND REGIONAL HOSPITAL-SCU			STREET ADDRESS, CITY, STATE, ZIP CODE 305 LANGDON STREET, P O BOX 620 SOMERSET, KY 42502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 203	<p>Continued From page 1</p> <p>discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect the discharge rights of one (1) of seven (7) sampled residents. Resident #1 was admitted to the facility on July 4, 2010, and was discharged on July 27, 2010. The resident and family were not notified in writing, prior to the discharge, of the right of appeal and other written discharge notice requirements.</p> <p>The findings include:</p> <p>A review of the medical record for resident #1 revealed the resident was admitted to the facility on July 4, 2010, with diagnoses of Right Femur Fracture, Diabetes Mellitus, Hypertension, and Urinary Retention. A review of the physician's Discharge Summary dated July 27, 2010, revealed resident #1 was able to tolerate light</p>	F 203			

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F 203	<p>Continued From page 2</p> <p>physical and occupational therapy but did not make much progress from a functional standpoint due to a physician-ordered non-weightbearing status, pain, and motivation. The resident had been having periods of orthostatic hypotension secondary to volume depletion, and autonomic neuropathy. The orthostasis had improved significantly prior to the resident's discharge. Resident #1 was transferred on July 27, 2010, to a swing-bed unit at a local hospital due to non-weightbearing status and the continued need for medical monitoring.</p> <p>An interview was conducted with resident #1's daughter on September 28, 2010, at 9:30 a.m. The resident's daughter stated the Social Worker/facility staff had not provided resident #1 or the family with a written notice of discharge to provide the resident/family knowledge of the Resident Rights of appeal prior to the resident's transfer/discharge on July 27, 2010.</p> <p>An interview was conducted with the facility Director of Nursing (DON) on September 27, 2010, at 12:30 p.m. The DON stated the facility was aware of the resident's/family's dissatisfaction with resident #1's transfer/discharge on August 2, 2010. The DON stated an investigation was initiated at that time. The DON stated that the facility had initiated a new discharge form to provide a written notice to residents/families at the time of a resident's discharge. The DON was unable to locate/provide the surveyor with documentation of a written discharge notice provided prior to resident's #1's discharge/transfer on July 27, 2010.</p>	F 203			